



## **LOS ANGELES COUNTY COMMISSION ON HIV**

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### **Comprehensive HIV Plan (CHP) Task Force February 29, 2016**

#### **Attendees:**

Cheryl Barrit  
Jason Brown  
Janice Casil  
Edd Cockrell  
Kevin Donnelly  
Susan Forrest

Bridget Gordon  
Grissel Granados  
Claire Husted  
AJ King (Co-Chair)  
Brand Land  
Miguel Martinez

Dawn Mc Clendon  
Katja Nelson  
Pamela Ogata  
Terry Smith (Co-Chair)  
Kevin Stalter  
Will Watts

#### **General Discussions**

DHSP's plan to end AIDS was acknowledged, leading to the questions of how does the plan inform the CHP and how do we go about integrating both plans.

#### Data Summit

The Data Summit workgroup will reconvene to continue its planning of the Data Summit now that the 2014 HIV/STD Surveillance Report has been published. The purpose of the Data Summit will be to increase the capacity of the Commission and educate them on the terminology of the data. Needless to say, the targeted audience will be Commissioners, although the public will be invited to attend. The Data Summit has been scheduled for April 29, 2016 at St. Anne's Maternity Home, Foundation Conference Room. The Summit will cover an Epi 101 for the morning and an interactive training of the 2014 HIV/STD Surveillance Report for the afternoon. Should additional data become available, specifically the cluster data, it will be presented at the summit as well.

#### Epidemiology Update

Consultant, Claire Husted, reported that she will primarily utilize the 2014 HIV/STD Surveillance Report data to populate the Epidemiology section of the CHP since other data, specifically cluster information, is not currently available. It was noted that the cluster data is material to the CHP. Ms. Husted reported that according to Mike Janson, who reported on the clusters at February's CHP TF meeting, the clusters have not been finalized and therefore not available for inclusion in CHP at this time. Janice Casil of DHSP reported that she is in the final process of reshaping the data to create the variables, i.e. co-infections. Thereafter, the data will be converted into their mapping system. Ms. Casil reported that this process will be completed by the first week of April, however, the information will still need to go through DHSP's approval process before it is made available. The co-chairs stated that an ETA can be established during the Executive Director's meeting with DHSP on Monday, along with the ETA for other data requests and/or deliverables, to include but not limited to: (1) cluster information, (2) continuum of care subpopulation definitions, (3) LACHNA, and (4) a one-month snapshot of linkage to care data.

It was decided that if the cluster data is not received in time to be included in the CHP, it will then be incorporated in future update reports. It was reminded that this is a living document and that updated information can be provided at a later time when available.

However, Ms. Husted reminded the TF that there is still a voluminous of data that has not been made available in order to inform the CHP, including but not limited to data relating to:

1. Map/Cluster
2. Demographic areas
3. Geographical burden by SPA
4. Behavior
5. HIV Care Continuum subpopulations definitions
6. Linkage to Care
7. PrEP/PEP Cascade

#### Needs, Gaps and Barriers Update

Ms. Husted reported on the Financial Resources Inventory Spreadsheet; a draft version was included in the packet. After review of the information, the Task Force made the following inquiries, comments and/or recommendations in response:

- Determine how much grants funds are allocated to HIV Testing now that HIV testing is funded by all health plans;
- Revise inventory spreadsheet to organize by service categories *and* agencies to provide a more detailed snapshot of how much is being allocated to each service category, by agency;
- Specify Part-A funded agencies and their respective awards;
- Include CBA providers: To capture a sense of how much grant money is allocated, pool all of the funds received nationally by CBA providers and divide by twelve, which represents the high impact/hot spot areas. *It was suggested that CBAs not be included as they are not a jurisdictional resource.*
- Include SAMSA's HIV programs: They receive a lot of funding that comes into the County.
- Include Veteran Affairs: Claire will follow up.
- Include PrEP/PEP. Claire will follow up if information is available.
- Break down HOWPA resources by jurisdiction, i.e. Los Angeles, Long Beach and Pasadena: Claire will follow up and contact Terry Goddard for more information.
- Include Board of Supervisors' initiatives concerning HIV-related matters.
- Include the County's Department of Mental Health
- Include SAPSA if trackable

Ms. Husted noted that the inventory does not include Net County Cost (NCC), Medicare or private insurance information.

#### Workforce Capacity Assessment

The CHP includes a Workforce Capacity Assessment component. Ms. Husted reported that she requested information from the Black AIDS Institute (BAI) who conducted a national assessment and published their findings. It was reminded that BAI presented on their study, specific to Los Angeles County at a prior Commission meeting; Dawn Mc Clendon will forward that information to Ms. Husted.

Ms. Husted suggested that a survey tool for providers be developed to administer the assessment. The following was decided as to how the survey would be developed, who would be the target audience and what information the survey would capture:

- Multi-phase survey tool, to include front line staff, i.e., HIV testers/counselors, ADAP enrollment workers, PrEP/PEP navigators, MCC teams, in first phase;
- Include cultural competency-related questions in the survey;
- Assess quality of workforce and not just quality: utilize our Standards of Care, a baseline, to develop framework to assess quality;
- Administer survey to an equal number of prevention and care representatives to ensure parity;
- Consider head count versus volume: ratio w/ caseload

### Community Engagement Workgroup

The workgroup is progressing on its planning of the listening sessions. Although waiting on a budget, it was determined that there will be three listening sessions conducted in April and May, with focus on undocumented, youth, aging and women of color populations; there will only be one SPA-based session which will be in SPA 1. It was suggested that the Commissioner(s) who represent SPA 1 be asked to participate in the planning and/or facilitate the session along with the Operations Committee. The first session will address the undocumented and will take place in April; date to be determined.

There will be 15 participants per session. DHSP will provide \$25 gift card incentives to each participant. The workgroup has reached out to various Commissioners and community members to facilitate the sessions. However, it was suggested that a Spanish-speaking facilitator be utilized for the undocumented and women of color sessions versus hiring an interpreter; the spirit of what is being said sometimes gets lost in translation. Cheryl Barrit will assist in locating a Spanish-speaking facilitator and will assist the workgroup in its planning efforts.

The workgroup drafted preliminary survey questions which will be presented, along with a more comprehensive report on its planning efforts at their meeting at 1pm.

It was noted that there will be additional listening session scheduled after the CHP is finalized. The workgroup intends to take the final CHP "on the road". This would advance the Commission's overall outreach and training efforts.

The TF decided to switch the times of the CHP TF and the Community Engagement workgroup to better coordinate planning activities. Therefore, beginning in April, the Community Engagement workgroup will meet 10am-12pm and the CHP TF will meet 1-3pm.

### Goals and Objectives Workgroup

The TF decided to reconvene the workgroup in March now that the 2014 HIV/STD Surveillance Report has been published. The information contained in the report is sufficient to inform the Goals and Objectives workgroup's activities.

### Revised CHP Timeline







The TF determined that a full CHP will be submitted in September 2016, with supplemental updates submitted on an ongoing basis as new data is received. As a result, the co-chairs proposed the following revised timeline:

April 5, 2016:	Epidemiology Overview d
June 21, 2016:	First draft of CHP to PP&A for review/approval
June 27, 2016:	First draft of CHP to Executive Committee for review/approval
July 14, 2016:	Final draft of CHP to Commission meeting for 30-day public comment
August 11, 2016:	Edits incorporated into final draft of CHP
September 30, 2016:	CHP Submission

There will be all-day Commission meetings scheduled for May 12 and June 9 as a means to inform, educate and update the Commission and community on the CHP planning activities. In the interim, the TF will continue to build capacity via the Data Summit and other opportunities.

The revised timeline was unanimously approved by the TF and forwarded to Commission for final approval.

### **Action Items:**

-  Revise financial resource inventory spreadsheet as discussed
-  Develop draft survey questions for Workforce Capacity Assessment component
-  Reconvene Data Summit Workgroup
-  Reconvene the Goals & Objectives Workgroup in March
-  Community Engagement Workgroup and Operations Committee continue to collaborate on SPA 1 Listening Session planning
-  Switch meeting time of CHP TF meeting with the Community Engagement Workgroup